

ECS Configuration Change Request

Page 1 of 1 Pages

CCR No. 98-0123A	Logged Date 02-02-98	Rev. A	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input checked="" type="checkbox"/>	Affected Release 8-20	Change Class IN	
Title (description) Maintenance Upgrade of Builder Xcessory and EPAK in the EDF.			
Documents Affected N/A		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference N/A	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem MSS Subsystem is requesting to test the latest version of Builder Xcessory 4.0 and EPAK 3.0 in the EDF.			
Proposed Solution Install Builder Xcessory 4.0 /ecs/cots/builderXcessory40 and EPAK 3.0 /ecs/cots/Epak40 from Integrated Computer Solutions on "MSSI" EIN#4451, "RELBHPMS" EIN#1395, "COMANCHE" EIN#1223. A two-week test evaluation of the latest version will be conducted in the EDF. Another CCR will follow requesting a change to the Release B COTS Baseline if the bug fixes to the GUI are resolved. In addition, to installing Xcessory 4.0 and Epak 4.0 upgrades in other environments affected by the baseline change.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> Procurement <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input checked="" type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/>			
Need by Date: 2/06/98			
Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)			
Schedule: None <input type="checkbox"/> Other _____			
Additional LOC _____ Man-Months _____			
Materials _____			
Originator Michelle D. Johnson		Signature _____ Date 2/2/98	
Office Development		Office Manager Signature _____ Date 2/2/98	
Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/>			
Comments: 2/2 TWJ CCB Chairperson Signature _____ Date _____			

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